Nursing: Post-Operative Wound Infection

- Discipline and setting: Surgical nursing, on a post-operative ward.
- Patient profile: A 67-year-old woman, is five days out from an open hemicolectomy.
- Presenting complaint: Pain at the surgical wound climbed over 24 hours. A dressing change revealed fever and cloudy discharge.
- Assessment findings: Temperature 38.6°C, heart rate 104, and wound edges red and warm. White cell count 15.2. A wound swab went to the lab for culture.
- Clinical reasoning (annotated): The working nursing problem is a surgical site infection. Local redness, heat, purulent discharge, and fever together point to a wound source as the most likely of the common post-operative fevers. A chest source was ruled out because the lungs were clear on auscultation. A urinary source was excluded because the patient had no urinary symptoms and a clear urinalysis. A deep vein thrombosis was set aside because the calves were soft and non-tender.
- Management and outcome: The nurse escalated to the surgical team, started the prescribed empirical antibiotics, and set up a wound-care plan with daily review and fluid-balance monitoring. Culture-guided antibiotics followed. The wound improved over six days, and Mrs. B went home with community-nurse follow-up.

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